BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
	PAIENI	APPLICATION Effective	ID	09/495492										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
FC)R	NUMB	ER FILED	NU	NUMBER EXTRA			Ε	FEE]	RATE	FEE		
ВА	SIC FEE								345.00	OR		690.00		
TO	TAL CLAIMS	28	minus	20= *	* 8)=		OR	X\$18=	144		
	EPENDENT CL					2				OR	X78=	120		
MULTIPLE DEPENDENT CLAIM PRESENT)=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								۸L		OR	TOTAL	990		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN		
		(Column 1)			nn 2)	(Column 3)	SMA	SMALL ENTITY		OR	SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 28	Minus	2	8	=	X\$ 9	=		OR	X\$18=			
	Independent	· 5	Minus	***	5	=	X39	=		OR	X78=			
	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDENI	CLAIM		+130	=		OR	+260=	-		
							TO ADDIT, F		<u> </u>		TOTAL			
	(Column 1) (Column 2) (Column 3)]0,,	ADDIT. FEE			
В		CLAIMS REMAINING		HIGH	HIGHEST NUMBER				ADDI-	1		ADDI-		
AMENDMENT		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RATI	Ε	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 28	Minus	** 2		=	X\$ 9	=		OR	X\$18=			
	Independent	* S	Minus		S CLAIM]=	X39=	=		OR	X78=	_		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+260=			
								AL EE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	V =	=	X\$ 9:	= -		OR	X\$18=			
	Independent			***			X39=			OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u></u>		On				
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=	_		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADD										OR ,	TOTAL ADDIT. FEE			
		nber Previously Pa					ound in the		ropriata ha	r in col	umn 1			